

## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2012 thru 6/30/2015.

Employer: Twp. of Franklin Bd. of Ed.

County: Gloucester

Date: May 19, 2014

Name: Elizabeth A. DiPietro  
Print Name

Title: SBA/BS



Signature

**SUMMARY FORM****COLLECTIVE BARGAINING AGREEMENT**  
**PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section I: Agreement Details**Public Employer: Township of Franklin Board of Education County: GloucesterEmployee Organization Twp of Franklin Education Association Employees in Unit \_\_\_\_\_Base Year Contract Term: 9/1/09 - 8/31/12 New Contract Term 7/1/12 - 6/30/15Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>			
Item 1 .....	Salary	<u>7 078 235</u>	<u>7 262 269</u>
Item 2 .....	Increment	<u>-0-</u>	<u>-0-</u>
Item 3 .....	Longevity	<u>-0-</u>	<u>-0-</u>
Item 4 .....			
Item 5 .....			
Item 6 .....			
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet.	Additional items		
<b>Section III: Totals - Sum of costs in each column</b>		<u>7 078 235</u> (Total)	<u>7 262 269</u> (Total)

**Section IV: Analysis of new successor agreement****NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)

120

Effective Date (m/d/yyyy)

7/1/127/1/137/1/14

Percent Increase

2.62.22.2

Total cost of increase

184,034159,770163,285

Total base salary (successor agreement)

726226974220397585324**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement)

2.33

Dollar Impact (average per year over term of agreement)

169,030**Section VI**

Health Insurance (Indicate costs associated on each line)

	Base Year *	Year 1
Cost of Health Plan	<u>1660 297</u>	<u>1759 914</u>
Employee Contributions	<u>94 900</u>	<u>208,691</u>
Prescription	<u>502,092</u>	<u>532,217</u>
Dental	<u>47,651</u>	<u>50,510</u>
Vision	<u>-0-</u>	<u>-0-</u>

\* Numbers extrapolated from Year 1 info

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

**Section VII**Prepared by: Elizabeth A. DiPietroTitle: School Business AdministratorElizabeth A. DiPietro

Print Name

Signature

Date: 6-10-2014